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the registrar within 72 hours after death. After in by the funeral director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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| COUNTY ST. MARYS CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporate limits, write RURAL and give nearest lown) CITY (If outside corporation) RURAL 4. DATE (Month) COUNTY FEMALE PARAL 9. AGE lest birthday If UNDER IYEAR IF UNDER STATE ADD 9. AGE lest birthday If UNDER IYEAR IF UNDER STATE ADD 9. AGE lest birthday If UNDER IYEAR IF UNDER 9. AGE lest birthday If UNDER IYEAR If UNDER IYEAR If UNDER IYEAR If UNDER 9. AGE lest birthday If U |
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| 13. FATHER'S NAME JAMES R. BATES 14. MOTHER'S MAIDEN NAME JAMES R. BATES 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, giva war or datas of service) NO I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. |
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| 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 2D. AUTOF |
| YES N |
| 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY OF |
| 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED VMile Not while at work at work at work at work with a strong at work with a strong at work with a strong with a st |
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| 22. I hereby certify that I attended the deceased from 19 50, to 113 , 19 50, that I last saw the deceased from 19 50, to 113 , 19 50, to 113 |
| alive on 113. 5 (019 and that death occurred at 11 A. M, from the causes and on the date stated above. |
| SIGNATURE (Street, city, lown, stete) DATE S |
| mo. Leguaratoun |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) |
| REMOVAL (SPECIFY) |
| TRANSPORTATION 1 /14 / 56 NORTON, VIRGINIA |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE LEONARDTOWN. |
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1007 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY ST. MARYS ST. MARYS COUNTY MARYLAND (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) end give nearest town) (in this placa) TOWNRIDGE TOWN RIDGE HOSPITAL OR STREET (If rurel give location) INSTITUTION OR **ADDRESS** STREET ADDRESS RURAL RURAL 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year DECEASED OF (Type or Print) DEATH 28 1256 GEORGE BISCOE 5. SEX 6. COLOR OR SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED. Months Hours (Specify) MARRIED COLORED AUG.1. 1877 MALE VIS. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, avan if OR INDUSTRY COUNTRY? USA MARYLAND FARMING FARM TENANT 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY BARNES BENJAMIN BISCOE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yas, no, or unk.) (If Yes, give wer or detay of service) CALVIN BISCOE * RIDGE, MARYLAND 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES T NO P 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yeer) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Whila Not while at work at work 22. I hereby certify that I attended the deceased from... 19. ..., that I last saw the deceased ., and that death occurred at. alive on....M, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, state) DATE SIGNED M.D. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) BURIAL RIDGE. MARYLAND 2/1/56 ST. PETERS CEMETERY REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** GULLEN LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTMORE, IN

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

| Female White (Specify) Married Jan. 16, 1915 40 yrs. Months Days House Library Married Jan. 16, 1915 40 yrs. Months Days House Library Married Jan. 16, 1915 40 yrs. Months Days House Library Months of Business Archie V. Bullard II. Birthplace (State or foreign country) North Carolina U.S.A. 13. FATHER'S NAME Archie V. Bullard Lulla Mae Forester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service) 237 201 1008 Hayden L. Boggs 21 Tanner Ave II. Informant & Address Marchie V. Bullard Leading to Death Jan. Medical Certification Lexington Park, Millions Antecedent Cause (A) Antecedent Cause (A) Marchines (C) June 10 Graph Gr | | ENCE (HOME) OF DECEASED | | | | |
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| HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECASED I (First) DECASED Nello Lucille Boggs S. SEX 6. COLOR OR 7. SINGLE, MARRIED, (Specify) MATTIED JUNGKED, (Specify) MATTI | (in this pieca) OR | | | | | |
| Country Coun | ary's Hospital STREET ADDRESS 21 | (If rural give location) Tanner Avenue | | | | |
| Female White (Specify) Married Jan. 16, 1915 40 yrs. Months Days House (Specify) Married Jan. 16, 1915 40 yrs. Months Days House (Specify) Married Jan. 16, 1915 40 yrs. Months Days House (Specify) Married Jan. 16, 1915 40 yrs. Months Days House (Specify) Married Jan. 16, 1915 40 yrs. Months Days House (Specify) Married Jan. 16, 1915 40 yrs. Months Days Jan. 18, 1915 40 yrs. Months Days Jan. 1915 40 yrs. Months Days House Professor (Country) Jan. 1915 40 yrs. Months Days Jan. 1915 4 | | OF | | | | |
| done during from discrepting avan if Home North Carolina U.S.A. 13. FATHER'S NAME Archie V. Bullard 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yas, give wer or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Hayden L.Boggs 21 Tanner Ave. 18. MEDICAL CERTIFICATION Lexington Park, M. INTERVAL ANTECEOENT CAUSE (A) ANTECEOENT CAUSE (A) DUE TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, Isam, Isactory, OF INJURY street, office bidg., etc.) (Filther, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monih) (Day) (Year) (Hour) While at work 21f. HOW DID INJURY OCCUR? | (Specify) Married Jan. 16, 1915 | 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 2. Months Days Hours | | | | |
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| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) [If EITHER, NOTIFY MEDICAL EXAMINER] [If EITHER, NOTIFY MEDICAL EXAMINER] | (B) DUE TO | | | | | |
| | (B) DUE TO (C) ONTRIBUTING THE | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While at work 21b. HOW DID INJURY OCCUR? While at work 21b. Howely certify that 1 attended the deceased from 1900 100 100 100 100 100 100 100 100 10 | (B) DUE TO (C) ONTRIBUTING THE EATH. | 20. AUTOPSY YES \(\) NO | | | | |
| 22. I hereby certify that I attended the deceased from Acro 0 1906 to Acro 6 10 6 that I last saw the | (B) DUE TO (C) ONTRIBUTING THE EATH. 9b. MAJOR FINDINGS OF OPERATION 1 21b. PLACE (Homa, farm, factory, 1 21c, WHERE DID INJURY O | YES NO | | | | |
| alive on | (B) DUE TO (C) ONTRIBUTING OTHE EATH. Pb. MAJOR FINDINGS OF OPERATION 21b. PLACE (Homa, farm, factory, OF INJURY straet, office bldg., atc.) (Year) (Hour) 21a. INJURY OCCURRED While Not while | YES NO YES (County) (Steta) | | | | |

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

10SPITAL: The law requires that the death certificate be ATTENDING PHYSICIAN (HOSPITAL: The law requires that The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | | | |
| COUNTY St Mary's | MARYLAI | ND STATI | Marylar | d COUNTY | St Mar | vis |
| CITY (If outside corporate limits, write RURAL OR end give naerest town) | LENGTH OF S | TAY CITY | (Il outside corporete | | | |
| X TOWN Bushwood | 3 yr | TOW | Bushwo | ood | | X |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREE ADDR | | (Il rural gi | va location) | 1 |
| 3. NAME OF (First) DECEASED | (Middle) | (Lest) | | 4. DATE (Mo | nth) (Da | y) (Year) |
| (Type or Print) Joseph | Sherman | Carter | | | an. | 7, 19 56 |
| RACE WII | DOWED, DIVORCED, | B. DATE OF BIRTH | | AGE last birthday yrs. | Months Da | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work | 106. KIND OF BUSINESS OR INDUSTRY | | ACE (State or foreign o | country) | 12. C | TITIZEN OF WHAT |
| done during most of working lile, even il retired) Laborer | Farm | Max | vland | | | S.A. |
| 13. FATHER'S NAME | | 14. MO | THER'S MAIDEN NAM | AE | | |
| George Carter | | | Unknown | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCE | | ITY NO. 17. | INFORMANT & ADDE | RESS | | |
| (Yes, no or unk.) (If Yes, give wer or dates of ser | Ngire | Ac | dora Cart | er Bus | hwood, | Md. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING | TO DEATH | CAL CERTIFICATION | ON _ | 1. | | INTERVAL BETWEEN ONSET AND DEATH |
| 11000 | PHENMO | niz hi | 100 5/27 | tic | | |
| ANTECEDENT CAUSE(S) OUE TO | 11-11 | 7 | 1000 | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | #SIT! |) " | | | | |
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| (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN | G | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | ale de la | |
| | FINDINGS OF OPERATION | | | | | 2D. AUTOPSY? |
| 21 ASSIDENT WAS INDEDITING TO J. 21 | ACT III | L 212 WHERE D | ID INJURY OCCUR? | (City on town) | (County) | YES NO (State) |
| | LACE (Homa, larm, lectory, URY street, office bldg., etc.) | ZIC, WHERE D | ID INJURY OCCUR? | (City or town) | (County) | (31616) |
| | Hour) 21e. INJURY OCCURE While Not w M. et work at wo | hile C | D INJURY OCCUR? | | | |
| | 47 | 1.110- 6 | 1. 77 | 10 1 | About Lines | s cours the deceased |
| 22. I hereby certify that I attended | , and that death of | 100 | | | | t saw the deceased |
| alive on | , and mat death of | curred at | | SS (Street, city, tov | | DATE SIGNED |
| (e. us) | luly | M.D. // | 1-ck | Zuic | SULLE | , list |
| 23. BURIAL, CREMATION, DATE THEREO | F NAME OF CE | METERY OR CREMATORY | U | OCATION (City, tow | rn, or county) | (State) |
| Burial 1/11/ | 56 Sacre | d Heart | | Bushwood | , Mary | Land |
| 23. BURIAL CREMATION, 1 DATE THEREO REMOVAL (SPECIFY) 1/11/ 24. REC'D BY REGISTRAR REGISTRAR'S | SIGNATURE | | RAL DIRECTOR'S SIGI | | | RESS |
| DATE 1-11-56 (Same A | 1 tolanday | 105. | C. Matt | ingley] | Leonard | dtown, Md. |

Danes

MARY LAND STATE DEPARTMENT OF HEALTH-EALTHAORE, IS

CERTIFICATE OF DEATH

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Low, and of any artistic and and and and and

CHARLES TO TARREST ASSOCIATES JAMES LAT 19013 57703 SHO BUTEAU V. S. Per ST NAL

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this

registrar within 72 hours after death. After by the funeral director, the third copy of

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1010

CERTIFICATE OF DEATH

00989

| 1. PLACE OF DEATH | | | 2. USUAL RESIDE | NCE (HOME) OF D | ECEASED | | |
|--|---|-------------|---|--|-----------------|----------------|--|
| COUNTY ST. MAR | YS MARYL | AND | STATE MARYLAN | ID COUNTY | ST. MARY | S | |
| CITY (If outside corporate limits, writ | RURAL LENGTH O | F STAY | | oreta limits, write RURAL a | | | |
| OR and give nearest town) COTIAND (In this place) TOWN SCOTIAND 16 months | | | OR TOWNST. IN | | | | |
| HOSPITAL OR | 10 | months | STREET TIVE | | | X | |
| INSTITUTION OR | | 461.79 | ADDRESS | | va location) | | |
| STREET ADDRESS RURAL | | | RURA | T | | | |
| 3. NAME OF (First) DECEASED | (Middle) | | (Lest) | 4. DATE (Mor | nth) (Day) | (Year) | |
| (Type or Print) BONHAL | M s | | CLARKE | DEATH | 1 - 31 - | 19 56 | |
| 5. SEX 6. COLOR OR | 7. SINGLE, MARRIED, | B. DATE OF | | 9. AGE last birthday | IF UNDER 1 YEAR | | |
| MALE RACE WHITE | WIDOWED, DIVORCED, (Specify) STAICLE | 25435 20 | 2 002 | 0.1 | Months Days | Hours Min. | |
| MALE WHITE 10a. USUAL OCCUPATION (Give kind of | CATACATA | |), 1871 | 84 ул. | 1 10 6171 | 1 | |
| done during most of working lifa, av | en If OR INDUSTRY | 3 | 11. BIRTHPLACE (State or foreign country) 12. | | | ZEN OF WHAT | |
| retired) FARMING | FARM | | MARYLAND | | US | A | |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | | |
| HENRY C. | CLARKE | | JULIA F. | YOUNG | | | |
| 15. WAS DECEASED EVER IN U. S. ARM | | URITY NO. | 17. INFORMANT & | | | | |
| (Yas, no, or unk.) (If Yas, give war or de | ntes of service) | | WITOMA C. D. | OT 4701070 OF | THITAANA | 350 | |
| no | on as 60 a | | | CLARKE- ST. | | | |
| I DISEASES OR CONDITIONS DIRECTLY | LEADING TO DEATH | DICAL CERT | rification | | | TERVAL BETWEEN | |
| 420 . I IMMEDIATE CAUSE | / 500000 | 1 | 00 | | | 711cm. | |
| | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) Inend others acloses 10 % | | | | | | | |
| GIVING RISE TO THE ABOVE CAUSE | | | | | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO (C) | | | | | | | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | |
| 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? | | | | | | | |
| | | | | | YE | | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, fector OF INJURY streat, office bldg., atc | ry, 21 | c. WHERE DID INJURY OCC | JR? (City or town) | (County) | (State) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while at work 21f. HOW DID INJURY OCCUR? | | | | | | | |
| 22. I hereby certify that I attended the deceased from 1954, to 1954, to 1956, that I last saw the decease | | | | | | | |
| | | | | | | | |
| alive on | and that death | occurred at | M, from the | causes and on the offices (Street, city, tow | date stated abo | DATE SIGNED | |
| 10 May | | 6 | · This | S (Sirept, City, low | rii, siataj | ON BIGNED | |
| OZ DIDIAL COMMANDA | r sugaror | M.D. | and well | ma | - | 4110 | |
| 23. BURIAL, CREMATION, DAT | E THEREOF NAME OF | CEMETERY OR | LKEMA TORY | LOCATION (City, few | rn, or county) | (State) | |
| BURIAL 2 | - 4 - 56 ST. | MICHAET. | S CEMETERY | RIDGE, MD | | | |
| 24. REC'D BY REGISTRAR REG | STRAR'S SIGNATURE | -1 | 25. FUNERAL DIRECTOR'S | SIGNATURE | ADDRES | S | |
| T. 1-1/5% 11 | Quin, Inp | 1 | PRRAL | CAR * LE | ONARDTOWN | MD. | |

C) JEOMETIA I-NITEARN TO TREATRAGED TATE THAN THAN

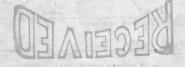
CERTIFICATE OF DEATH

CYALL TO SHOW ON SERVICE SYR FIRE adjected 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

| | MARYLAND | STATE | DEPARTMENT | OF | HEALTH- | -BALT | IMORE, | 18 |
|---|----------|------------|------------|----|----------|----------|--------|----|
| 4 | TANKET Y | WWY A 78 F | TRITTION C | 4 | NINT THE | A PERSON | 0.77 | - |

| MEDICAL EXAMI | NER'S | CERT | IFICATE | OF | DEAT | H No | 232 |
|--|--|-------------|----------------------------------|----------------------------|---|------------|--------------------------------|
| 1. PLACE OF DEATH: | | 2. | USUAL RESIDENCE | (HOME) | OF DECEASED | : | |
| COUNTY & Mams | MARYLAI | ND | STATE Maure | m/cou | INTY ST | Many. | 2 |
| CITY (If outside corporate limits, write RU OR and give nearest town) | RAL LENGTH C | | OR TOWN | rporate limi | ts write RURA | L and give | nearest town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | | STREET | (If | rural, give loca | tion) | 1 |
| 3. NAME OF DECEASED: (First) (First) | (Middle) | Cor | bin | 4. DATE OF DEATH | (Month) | (Day) | (Year) 19 5 6 |
| RACE: WIDO (Specif | LE, MARRIED, WED, DIVORCED, | 8. DATE O | 1 1956 | | irthday: IF UNI | B Days | IF UNDER 24 HRS. IIours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUS INDUSTRY: | INESS OR | M. BIRTHPLACE | (State or fo | oreign country): | 12. CIT | IZEN OF WHAT |
| 13. FATHER'S NAME: | The lett | | . MOTHER'S MAIDE | N NAME: | ultin | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURIT | Y No.: 17. | hand a The | RESS: | 1 | | |
| | | | CERTIFICATION | | | In | TERVAL BETWEEN |
| I. DISEASES OR CONDITIONS DIRECTLY L | rema | -H-J | \ | **** | | | NSET AND DEATH |
| Antecedent cause(s) | | | (| | | |) |
| Diseases or conditions, If any, (b)giving rise to the above cause DUE TO | | | ••••••••••• | | *************************************** | | |
| stating underlying cause last (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING DEA | TO THE | uo | e | | | | |
| 19a. DATE OF OPERATION: 19b. MAJOR F | | ATION: | | | | 20 | AUTOPSY? |
| PRIMARY or CONTRIBUTING | PLACE (Home, farm OF street, office INJURY | hldg, etc., | 21c. (City or town) | one | (County) | | (State) |
| 21d. TIME (Month) (Day) (Year) (Hour) OF M. | 21e. INJURY OCCU While at No work O at | t while | 21f. HOW DID INJ | G-VE | R? | | |
| 22. I hereby certify that I took charg | | | above, held an | utopsv [| Inspection | Inc | quiry 🖂 and |
| find that death resulted from: N. SIGNATURE | atural causes | , Acciden | t [], Suicide [], CHIEF M DEPUTY | Homic EDICAL MEDICAL | ide [], Une EXAMINER EXAMINER | determin | oate signed |
| 28. BURIAL, CREMATION, DATE THERE | OF NAME OF O | CEMETERY (| M. D. ASSISTA | | AL EXAM. | or county) | (State) |
| REMOVAL (Specify): | St | leter! | | 11-1 | lg: | | mid |
| DATE REC'D BY LOCAL PEGISTRAR'S | SIGNATURE | 2/ | 24. FUNERAL DIREC | 10k | Indiaz. | 12-10 | ADDRESS |

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

DECEIVED V. S. BUREAU V. S.

| , | | 1019 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 00991 Reg. Dist. |
|--|---------------|---|-------------------------------------|
| correct | | MEDICAL EVAMINED'S CEDMINICAME OF DEAMI | No. 282 |
| f information carefully. The codeath clearly and legibly. | | I. PLACE OF DEATH: COUNTY St Mary's MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Park Hall HOSPITAL OR INSTITUTION OR STREET ADDRESS 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary OR CITY (If outside corporate limits write RURAL and OR TOWN Park Hall STREET ADDRESS (If rural, give location) | |
| 0 44 | of, | | 1956 EAR IF UNDER 24 HRS. |
| BINDING very item | cause | 13. FATHER'S NAME: Ernest C. Courtney Sadie Butler | |
| E = | the | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Ernest C. Courtney Park Hal | 1, Md. |
| MARGIN RESERVED FO E PLAINLY, WITH UNFADING INK. Supply especially important. Physicians: please write | please | I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last | INTERVAL BETWEEN ONSET AND DEATH |
| | | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | A AVEODOVA |
| | ially importa | 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg, etc., CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bldg, etc., INJURY OCCURRED While at Not while Not while Not while at work at work at work | 20. AUTOPSY? Yes No (State) |
| WRITE PL | | 22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE SIGNATURE M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. | mined cause DATE SIGNED |
| PLEASE | 8 | Date RECT By LOCAL DECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles J. Mattingly Leonar | yland ADDRESS dtown, Md. |
| | | 2033342965 / Xanca | |

BUREAU V. S.

USIN JERO BIO

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this TO ATTENDING PHYSICIAN CONTROL: The law requires that The bottom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

LOSPITAL: The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00992

1013

CERTIFICATE OF DEATH

Reg. Dist. No.

| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED | | | | | |
|--|---|--|---------------|--|--|--|--|
| | COUNTY St. Mary's MARYLAND | STATE Maryland COUNTY St. Mary! | 0 | | | | |
| | CITY (If outside corporate timits, write RURAL LENGTH OF STAY | CITY (If outside corporete limits, write RURAL end give neerest town) | 3 | | | | |
| | OR end give neerest town) (in this place) | OR TOWN RED. Hollywood | J | | | | |
| | HOSPITAL OR, Hollywood 5 years | STREET (II rurel give location) | | | | | |
| | INSTITUTION OR OT STREET ADDRESS | ADDRESS | | | | | |
| | 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Dey) | (Yeer) | | | | |
| | (17) OF FILLING | RGO OF January 20, | 56 | | | | |
| | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed Augu | | JNDER 24 HRS. | | | | |
| permit. | 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if relired) HOUSEWIFE HOME | 11. BIRTHPLACE (Steta or foreign country) England 12. CITIZEN OF COUNTRY? U.S.A | ? | | | | |
| per | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | |
| | Unknown | Unknown | | | | | |
| Iran | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS | | | | | |
| ie O | (Yes, go, or unk.) (If Yes, give war or dates of service) None | Mrs. Abel Owens, Hollywood, | Md. | | | | |
| a burial transit | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETY ONSET AND D | | | | | | |
| Se | 422./ IMMEDIATE CAUSE (A) Carterios | cleratic Cordes Vascular | - JOHN STATE | | | | |
| use | ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Chilare | | | | | | |
| for | DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | | | | |
| chec | (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | | |
| detached | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | |
| pe | 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | UTOPSY? | | | | |
| P | 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, 2 | 1c. WHERE DID INJURY O CCUR? (City or town) (County) | (Stete) | | | | |
| shot | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | County) | (21610) | | | | |
| embly | 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work 21f. HOW DID INJURY OCCUR? | | | | | | |
| ass | 22. I hereby certify that I attended the deceased from 19 6 , that I last saw the deceased | | | | | | |
| ate | alive on A.A | | | | | | |
| certific 55 10M | SIGNATURE LON Guyther M.D. | Mech ancond structured 1/22 | SIGNED | | | | |
| death certificate assembly should be A15C 1-55 10M | 23. BURIAL, CREMATION. REMOVAL 1SEE OF 124 Jan 1956 St. Pauls | CREMATORY M. E. Location (City, town, or country) Leonardtown, Mary | ld%'d | | | | |
| VS | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | Md. | | | | |
| | DATE 1-23-56 (law Whanses) | Charles J. Mattingly, Leonard | town, | | | | |

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| BUREAU V. S. | AT LONG THE RESERVE | |
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| 1977 - A STATE OF THE STATE OF | | Contract the Man contract to |
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| THE CALL STATISTED SAME | EMAN'S A | |
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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN CADOPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00993

1014

CERTIFICATE OF DEATH

Reg. Dist. No. 282

| | 1. PLACE OF DEATH | | 2. USUAL RESIDENC | (| ASED |
|------------------|---|---|--|---|--|
| | COUNTY ST MARYS | MARYLAND | STATE MARYLAN | D COUNTY ST | MARYS |
| | CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | | te limits, write RURAL and gi | ive neerest town) |
| 1 | OR end give neerest town) LEXINGTON PARK | (in this place) 3 months | TOWN LEXINGT | ON PARK | X |
| | HOSPITAL OR | | STREET ADDRESS | (If rurel give loc | cetion) / |
| | STREET ADDRESS 118 W RENNEL | | | RENNELL | |
| | 3. NAME OF (First) DECEASED | (Middla) | (Last) . | 4. DATE (Month) | (Day) {Year} |
| 1 | (Type or Print) JAMES | HENRY | GOODHART | DEATH JA | N. 11 19586 |
| ľ | | NGLE, MARRIED, 8. DATE IDOWED, DIVORCED, | OF BIRTH 9 | - | UNDER 1 YEAR IF UNDER 24 HRS. |
| 1 | MALE WHITE (Sp | ** 1 | r. 17. 1894 | 61 yrs. Mo | onths Deys Hours Min. |
| - | 10e. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreig | | 12. CITIZEN OF WHAT |
| , | done during most of working life, even if | OR INDUSTRY | WA CITTNIONON | n a | COUNTRY? |
| - | 13. FATHER'S NAME | BUILBING SUPPLY | WASHINGTON, | | USA |
| | BRISCOE GOODH | ART | IDA MASON | | |
| 1 | 15. WAS DECEASED EVER IN U. S. ARMED FORCE | | 17. INFORMANT & AL | DDRESS 11 | 8 W Rennell |
| , | (Yes, no, or unk.) (If Yes, give wer or dates of ser | rvice) 579-21-6281 | MAY TOVER | COODHART# Le | xington Park, Md. |
| | YES WW 1 | | RTIFICATION | GOODINIT. De. | INTERVAL BETWEEN |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING | | | 2 4 | ONSET AND DEATH |
| 1 | 42 . / IMMEDIATE CAUSE (A) | Corone | my Thwomb | ons | 3 weeks |
| | ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | Gentra | lized Ai | tonsock. | on 10 years |
| | TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | 4 <u>G</u> | | | |
| 0 | 19e. DATE OF OPERATION 19b. MAJO | R FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| | | | | | proving proving |
| | OR CONTRIBUTING CAUSE OF DEATH OF IN. | PLACE (Home, ferm, factory, JURY street, office bldg., atc.) | 21c. WHERE DID INJURY OCCUR | ? (City or town) | YES NO (County) (Stata) |
| | 21a. ACCIDENT WAS UNDERLYING 21b. 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (| JURY street, office bldg., atc.) | 21c. WHERE DID INJURY OCCUR | 3 THAT (23) | YES NO |
| VS A15C 1-55 10M | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Year) (22. I hereby certify that I attended | JURY street, office bldg., atc.) (Hour) 21a. INJURY OCCURRED While at work at work at work at work. The deceased from, and that death occurred, and that death occurred, A.D. OF NAME OF CEMETERY O | 21f. HOW DID INJURY OCCUR 27, 19.55., to at12:25M, from the canonic crematory | auses and on the date ESB (Street, clue, town, st LOCATION (City, town, or ARLINGTON, | that I last saw the deceased a stated above. DATE SIGNED (State) (State) (State) |

Davis

CLEADHED ASSAULT THANKS 450 TANKS OF STATE OF STATE

CERTIFICATE OF BEATH

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ALILAMY , WATELLINE

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1015

A15A - 5 - 53 VS. $\underset{\text{Reg. Dist.}}{00994}$

No. 28 DEATH

| 1. PLACE OF DEATH: | | 2. USUAL RESIDENC | E (HOME) OF DEC | EASED: | | |
|---|------------------------|--|--|----------------------------|--------------|---------|
| COUNTY St. Marys MARY | YLAND | STATE Marylan | nd COUNTY | St. Mar | ys | |
| | TH OF STAY this place) | CITY (If outside of TOWN Dame) | orporate limits write | RURAL and | give nearcst | town) |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Riral | | STREET ADDRESS Rura. | | ive location) | / | |
| 3. NAME OF (First) (Middle) DECEASED: | | (Last) | OF . | onth) (Day) | | |
| (Type or Print) Wanda Patrica | | Gunn | DEATH 1 | / 30 | 1956 | |
| 5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORD (Specify): singl 10a. USUAL OCCUPATION (Give kind of work done during most of work life, libb KIND OF INDUSTR: | e July BUSINESS OF | 17, 1955 | AGE last birthday: yrs. (State or foreign c | Months Day ountry): 12. | | Min. |
| 14 15 17 | none | Marylan | nd | | SA | |
| 13. FATHER'S NAME: | | 14. MOTHER'S MAID | | | | |
| Issac Chisley | | Cora Dors | Sev | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC | CURITY NO . | 17. INFORMANT & AI | | | | |
| (Yes, no, or unk.) (If Yes, give war or dates of | 7.1 | Cora Dorsey - | Demeron Md | | | |
| no service, | | AL CERTIFICATION | Demoi Oit, mo | • | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DIAMETER TO DIE TO Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | EATH: | ou (3) | | | ONSET AND | DEATH |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | m | | | | L co. Azzmoz | 20274 |
| 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF O | PERATION: | | | | 20. AUTOI | |
| CAUSE OF DEATH. INJURY L | office bldg., etc. | | one | ity) | (State) | |
| 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY (OF While at work M. | Not while | 21f. HOW DID IN | JORY OCCUR! | | | |
| 22. I hereby certify that I took charge of the ren | | hed above held an | Autonsy []. Ins | spection . | Inquiry F | T. and |
| find that death resulted from: Natural cause | s , Accid | dent [], Suicide [CHIEF DEPUT M. D. ASSIST |], Homicide [] MEDICAL EXAMI Y MEDICAL EXAM ANT MEDICAL EX | , Undeter | mined can | use 🗆 . |
| DEMOVAL (Specify) | | Cemetery | Ridge, I | | anty) (8 | state) |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 100015 | 24. EUNTRAL DIR | Egror | eonardto | ADDR | ESS |
| 1 from 3/06 11/2 11/2 | to human | Se A Segui | | SULIAL U LU | TI O MILE | |

BUREAU V. S.

EEB I 1020

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| corr | MEDICAL EXAMINER'S CER | TIFICATE OF DEATH | No. 201 |
|---|---|--|---|
| 0 | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
| H Y | COUNTY St Mary's MARYLAND | STATE Maryland COUNTY St. Mary | rts |
| lly. | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest towa) (in this place) | CITY (If outside corporate limits write RURAL and | give nearest town) |
| efu] | Town Rural Fally Timbers in this place) | TÖWN Rural Piney Point | X |
| f information carefully. The death clearly and legibly. | HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural, give location) ADDRESS | 1 |
| atio | 3. NAME OF (First) (Middle) DECEASED: | (Last) 4. DATE (Month) (Day) | |
| c c | (Type or Print) Joseph Andrew J | ackson Jr. DEATH January J | |
| info | Make White WIDOWED DIVORCED, Oct | of BIRTH: 10,1935 9. AGE last birthday: IF UNDER 1 YI MOZTHS Day yrs. MoZTHS Day | Hours Min. |
| 0 | 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS OF INDUSTRY: U.S. ARMY | | COUNTRY? S.A. |
| TDI r it use | 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: | |
| BIN | Joseph Andrew Jackson | Bertie J. Dickerson | |
| b FOR | (Yes, no, or unk.) (If Yes, give war or dates of | I7. INFORMANT & ADDRESS: | |
| | YES service) | Moseph A. Jackson Piney Poir | nt,Md. |
| | Is. MEDICA I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) | AL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| MAN H UN | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| LY, WITH important. | 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: | | 20. AUTOPSY? Yes \(\text{No } \text{P} |
| VLY, imp | PRIMARY TO TO CONTRIBUTING OF Street, office bldg., etc. INJURY | near Sall Timbers At Margo | (State) |
| LAIN | 21d. TIME (Moath) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY OCCURRED AM. Work at work ID | 216 How did injury occur? | |
| PLEASE WRITE PLAINLY age is especially im | 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accidental SIGNATURE | dent , Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. | pate signed |
| ASE | 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BURIAL (Specify): 1/4/56 St. George! | s Valley Lee. | Vid. |
| PLE. | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | Jos. C. Mattingley Leonardto | ADDRESS Own, Md. |

BUREAU V. S.

Bertle A. Helerion

Jageth D. Laukeon Riney Potet DE.

3291 P NAI

BECENTED

INSTRUCTIONS

9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1017 CERTIFICATE OF DEATH 00996

Reg. Dist. No ..

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | ICE (HOME) OF DECEAS | ED |
|---|------------------------|-------------------------------|--------------------------------------|------------------------------|
| COUNTY St Mary's | MARYLAND | STATE Maryl | and county St N | Jarvie |
| CITY (If outside corporete limits, write RURAL | LENGTH OF STAY | CITY (If outside corpo | erete limits, write RURAL and give i | |
| OR end give naarest town Town Leonardtown | (In this plece) Life | OR | | |
| HOSPITAL OR | 1 TITE | Teou | ardtown | - X |
| INSTITUTION OR STREET ADDRESS | | STREET ADDRESS | (If rural give location | n) |
| 3. NAME OF (First) DECEASED | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| | KSON JAR | BOE | of DEATH Jan. | 29. 19 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI | IED, 8. DATE | OF BIRTH | | DER 1 YEAR IF UNDER 24 HRS |
| Male White (Specify) Ma: | rried Marc | h 29,1874 | 81 yrs. Months | Deys Hours Min. |
| | ND OF BUSINESS | 11. BIRTHPLACE (Stele or fore | gn country) | 12. CITIZEN OF WHAT |
| done during most of working life, even If retiredabnetmaker FUR | NITURE | Manueland | Market Committee | COUNTRY? |
| 13. FATHER'S NAME | ALIUILI | Maryland | NAME | U.S.A. |
| 13. FAITER 3 HAME | | 14. MOTHER'S MAIDEN | NAME | |
| | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | S. SOCIAL SECURITY NO. | 17. INFORMANT & | ADDRESS | |
| (Yes, no, or unk.) (If Yes, give war or dates of service) | | Mma Catha | sima Tambas T | |
| 200 | 18. MEDICAL CE | FILS GAULTE. | rine Jarboe I | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 10. MEDICAL CE | RIFICATION | | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) | 1 millage | lucaer | we | 1 year |
| ANTECEDENT CAUSE(S) DUE TO | | | | |
| DISEASES OR CONDITIONS, IF ANY. (B) | 10 | | | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | | | | |
| STATING UNDERLYING CAUSE CAST. (C) | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | <i>(</i> > 0 | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | 1 ans | | | |
| 19e. DATE OF OPERATION 19b. MAJOR FINDINGS | OF OPERATION | | | |
| nine institution | OT OTENATION | | | YES NO TO |
| 21e. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Hom | e, ferm, fectory. | 21c. WHERE DID INJURY OCCU | R? (City or town) | ounty) (Steta) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDIGAL EXAMINER) | office bldg., etc.) | 0 1 5 | | (31018) |
| | INJURY OCCURRED 1 | 211. HOW DID INJURY OCCU | 0.3 | |
| A C Whi | ile Not while | THE HOW DID HAJORY OCCU | | |
| | rork (et work | | | |
| 22. I hereby certify that I attended the dece | ased from C | 30PM, from the | 19 D. C. Ihat | I last saw the deceased |
| alive on | that death occurred a | M. from the | auses and on the date sta | |
| SIGNATURE | Godin Occurred 6 | | RESS (Street, city, town, state) | DATE SIGNED |
| Va (all l | | 10,001 | ·Val | 1/2 / |
| 23. BURIAL, CREMATION, DATE THEREOF | T NAME OF CEMETERY OR | COEMATORY | LIOCATION CO. | (19/16 |
| REMOVAL (SPECIFY) | | | LOCATION (City, fown, or coun | nty) (Stata) |
| Burial 2/1/56 | St Aloysin | us | Leonardtown. | Maryland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | / | 25. FUNERAL DIRECTOR'S | SIGNATURE | ADDRESS |
| 13/15/01/04/2016 | 1 / | Charles J Ms | attingly Lean | andtown Md |

Daves

CERTIFICATE OF DEATH

ME TO

a female to g trace of the second of the second

1926 S 1929



M

registrar within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYSICIAN Q

1018

CERTIFICATE OF DEATH

Reg. Dist. No. 2

| 1. PLACE OF DEATH | | | 2. USUAL RESIDE | NCE (HOME) OF DECEAS | ED |
|---|---------------------------|--------------------------|-------------------------------|---------------------------------------|------------------------------|
| COUNTY St, Mary | 15 | MARYLAND | STATE Flor | ada county Pine | llas |
| CITY (If outside corporate lim | its, write RURAL | LENGTH OF STAY | | orate limits, write RURAL and give no | |
| OR and give nearest Jown TOWN Rural Hol | Doorung | (in this plece) 4 months | OR TOWN C+ D | | 117 2 |
| | TAMOOU | 4 Montais | 26 1 | etersburg | 401-0 |
| HOSPITAL OR INSTITUTION OR | | | STREET ADDRESS | (If rurel give location |) |
| STREET ADDRESS | | | 2231 | . Lakeview Ave | South |
| 3. NAME OF (F | irst) (A | Middle) | (Lest) | 4. DATE (Month) | (Dey) (Year) |
| DECEASED | | | | OF | 1950 |
| (Type or Print) Mar | y Mart | ina | Lloyd | DEATH Jan. | 1. 1255 |
| 5. SEX 6. COLOR OF | 7. SINGLE, MARRIE | D, 8. DATE | OF BIRTH | 9. AGE lest birthdey IF UND | ER 1 YEAR IF UNDER 24 HRS. |
| Female White | (Specify) Wid | lowed Augu | st 15,1884 | 71 yrs. Months | Days Hours Min. |
| 10e, USUAL OCCUPATION (Give k | ind of work 10b. KIND | OF BUSINESS | 11. BIRTHPLACE (Stete or fore | ign country) | 12. CITIZEN OF WHAT |
| done during most of working retired) Housewife | | INDUSTRY | Preston Eng | beef | COUNTRY? |
| | , HOM | i e | | | U.S.A. |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | |
| John Green | | SOCIAL SECURITY NO. | Mary M | | |
| | ar or dates of service) | SOCIAL SECURITY NO. | 17. INFORMANT & | ADDRESS | |
| (1 es, no, of unk.) (it tas, give w | at Or deles of service) | | - Llewellvn | F.Lloyd Hol | lywood, Md. |
| | | 18. MEDICAL CE | | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIR | ECTLY LEADING TO DEATH | | / / | 1 | ONSET AND DEATH |
| AGOX IMMEDIATE CAUSE | (A) (C) | ougestu | ie Heat | Jaclune | 1 mo |
| IMMEDIATE CAUSE | | | ~0 | \) | |
| ANTECEDENT CAUSE | | mono | o 1 augono | Tuo | 2 Tun |
| DISEASES OR CONDITIONS, IF A | ALISE | | 1 | | |
| STATING UNDERLYING CAUSE L | AST. DUE TO | De a Rote | s molliti | | 10110 |
| | (C) | - Careco | s / ceau | | 10 dear |
| II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE | | See eval | - 1 anto | voscloves" | |
| DISEASE OR CONDITION CAUSIN | | 3-000.07. | my or | vo coon | 10 years |
| 19e, DATE OF OPERATION | 196, MAJOR FINDINGS C | OF OPERATION | | | 20. AULOPSY? |
| | | | | | YES NO |
| 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | G 21b. PLACE (Home, | farm, fectory, | 21c. WHERE DID INJURY OCCU | R? (City or town) (Co | unty) (Steta) |
| OR CONTRIBUTING CAUSE OF DE | EATH OF INJURY street, of | fice bldg., etc.) | | | |
| | | INJURY OCCURRED 1 | 21f. HOW DID INJURY OCCU | IR? | |
| 210. Time Of Indoct (Monthly (| While | Not while | ZII. HOW DID INSONT OCCU | | |
| | M. at wo | rk et %ork | <u> </u> | | |
| 22. I hereby certify tha | I attended the decear | sed from June 6 | 19.5 5. 10 | 195 (D) that | I last saw the deceased |
| | | /1 | 1-1 | causes and on the date sta | |
| SIGNATURE | , iy, and | inai deapy occurred a | | | DATE SIGNED |
| SIGNATURE . | 1727 | | 8 - ADD | RESS (Street, city, town, state) | |
| 11雪片 | 1. rawieh | M. D. | Le xung long | I my mol- | 1-3-56 |
| 23. BURIAL, CREMATION, | DATE THEREOF | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, or coun | ity) (State) |
| REMOVAL (SPECIFY) Burial | 1/6/56 | Memorial | Park | St Petersbur | g Flordda |
| | | Hemor rat | | | |
| 24. REC'D BY REGISTRAR | REGISTRAR'S SIGNATURE | 1/ | 25. FUNERAL DIRECTOR'S | | ADDRESS |
| DATE //3/5/ | Cellen N. 2 | Laser M. D. | Jos.C.Matti | ngley Leonar | dtown, Md. |
| | | 12 | Jacrati. | | |
| | | | / " | | |

entresit.

2231 Lakery or Avey Cours

Acres Light hould be my flewe his

3261 7 NA!

BUREAU V.

death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PHYSICIAN O

CERTIFICATE OF DEATH

| - Supp | 0 | - | 0 |
|--------|---|---|----|
| -83 | 3 | 1 | 13 |

LeonardtownmMd.

| Male White Single June 23, 1890 65 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Funeral Director Funeral Maryland 13. FATHER'S NAME William Clement Mattingley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no-or unk.) (If Yes, give war or dates of sarvice) 16. SOCIAL SECURITY NO. (If Yes, give war or dates of sarvice) 17. INFORMANT & ADDRESS Charles J. Mattingly Leonard | (Yaar) 19 56 UNDER 24 HR: Hours Min. OF WHAT 12 BELWEEN 7 |
|--|---|
| CITY OR and give nearest town) TOWN Leonardtown HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECASED (Type or Print) Decase White (Specify) Single June 23, 1890 100. USUAL OCCUPATION (Give kind of work done during most of working life, evan if relired) Funeral Director Funeral 13. FATHER'S NAME William Clement Mattingley 14. MOTHER'S MAIDE NAME William Clement Mattingley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, negor unk.) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I LENGTH OF STAY (In the observation) (If yes, place and state and give nearest town) CITY (It outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown I (If yeral give location) I (If yeral give location) (If yeral give location) (In this place) (In this place) (It pural give location) (It pural give location | (Yaar) 19 56 UNDER 24 HR: Hours Min. OF WHAT 12 BELWEEN 7 |
| TOWN Leonardtown HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) OR CLEMENT MACRIED, WIDOWED, DIVORCED, (Specify) Single June 23, 1890 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Funeral Director Funeral 13. FATHER'S NAME William Clement Mattingley I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH I DI | 19 56 UNDER 24 HR Hours Min. DF WHAT 17 18 BELWEN 18 BELWEN 18 PER WEN 18 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Dey) OF DECEASED (Type or Print) JOSEPH Clement Mattingley PAGE last birthdey IF UNDER I YEAR IF I MONTHS (Specify) Single, MARKED, (Specify) Single June 23, 1890 65 yrs. 6 26 10e. USUAL OCCUPATION (Give kind of work (Specify) Single Divorce), (Specify) Single Divorc | 19 56 UNDER 24 HF HOURS MIN DE WHAT TO SET WEEN AL BETWEEN |
| STREET ADDRESS 3. NAME OF | 19 56 UNDER 24 HR Hours Min. DF WHAT 17 AL BELWEN |
| S. NAME OF DECEASED (Type or Print) Joseph Clement Mattingley S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single June 23, 1890 100. USUAL OCCUPATION (Give kind of work done during most of working life, evan if refired) Funeral Director Funeral Maryland 101. BIRTHPLACE (State or foreign country) Maryland 102. CITIZEN O COUNTRY Maryland 103. FATHER'S NAME William Clement Mattingley Mary M. Hayden 105. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ne-or unk.) I Maryland Mary M. Hayden 106. SOCIAL SECURITY NO. 107. INFORMANT & ADDRESS Charles J. Mattingly Leonard 108. MEDICAL CERTIFICATION Marykia 109. Charles J. Mattingly Leonard 100. MEDICAL CERTIFICATION Marykia Marykia Marykia | 19 56 UNDER 24 HR HOURS MIN DE WHAT TO THE SET WEEN AL BETWEEN |
| A. DATE (Month) (Dey) DECEASED (Type or Print) JOSEPH Clement Mattingley S. SEX 6. COLOR OR RACE Willowed DIVORCED, (Specify) Single June 23, 1890 10. USUAL OCCUPATION (Give kind of work done during most) of working life, even if relired) Funeral Director Tuneral Director Tuneral Mary M. Hayden 14. MOTHER'S MAIDEN NAME William Clement Mattingley Mary M. Hayden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, chre war or delas of sarvice) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MARDIATE (Month) (Dey) DEATH Jan 18 18. DATE (Month) (Dey) DEATH Jan 18 18. DATE (Month) (Dey) DEATH Jan 18 19. AGE last birthday IF UNDER 1 YEAR IF IF I WINDER 1 YEAR I WIN | 19 56 UNDER 24 HR HOURS MIN DE WHAT TO THE SET WEEN AL BETWEEN |
| (Type or Print) Joseph Clement Mattingley 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, WIDOWED, DIVORCED, General Director Funeral Mattingle June 23, 1890 65 yrs. 6 26 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Funeral Director Funeral Maryland 13. FATHER'S NAME William Clement Mattingley 14. MOTHER'S MAIDEN NAME William Clement Mattingley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ne or unk.) (If Yes, give war or dates of service) 216—07—0599 Charles J. Mattingly Leonard Marykand 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, ne or unk.) (If Yes, give war or dates of service) 18. MEDICAL GERTIFICATION 18. MEDICAL GERTIFICATION 19. AGE last birthday IF UNDER 1 YEAR IF IF IN UNDER 1 YEAR IF IF IN UNDER 1 YEAR IF IT IN UNDER 1 YEAR IT IN UNDER 1 YEAR IN UNDER 1 YEAR IN UNDER 1 | UNDER 24 HR Hours Min. DF WHAT 17 A BETWEEN A BETWEEN |
| 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, Specify) Single June 23, 1890 65 yrs. Months Deys Country of Country relired) Funeral Director Funeral Maryland 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY WIDOWED, DIVORCED, OR INDUSTRY Maryland 12. CITIZEN O COUNTRY WILLIAM CLement Mattingley 14. MOTHER'S MAIDEN NAME WILLiam Clement Mattingley 14. MOTHER'S MAIDEN NAME William Clement Mattingley 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no or or unk.) (If Yes, character or deles of service) 216—07—0599 Charles J. Mattingly Leonard INTERVALLED INTERVAL | UNDER 24 HR Hours Min DF WHAT 17 AL BETWEEN |
| Male White (Specify) Single June 23, 1890 65 yrs. 66 26 10e. USUAL OCCUPATION (Give kind of work done during most of working life, evan if relired) Funeral Director Funeral Maryland 3. FATHER'S NAME William Clement Mattingley 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give wer or delas of sarvice) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10. MEDICAL CERTIFICATION Wind Director Months (Specify) Single June 23, 1890 65 yrs. 60 26 26 10. BIRTHPLACE (State or foreign country) 12. CITIZEN OR COUNTRY Waryland 14. MOTHER'S MAIDEN NAME Mary M. Hayden 15. MEDICAL SECURITY NO. 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Maryland 19. MEDICAL CERTIFICATION Maryland 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION Maryland 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION Maryland 11. MOTHERY M. Hayden 12. Medical CERTIFICATION Maryland 13. MEDICAL CERTIFICATION Maryland 14. MOTHERY M. Hayden 15. MEDICAL CERTIFICATION Maryland 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Maryland Maryland 19. Medical Certification Maryland 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION Maryland Maryland 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 10. MEDICAL CERTIFICATION Maryland Maryland 11. MOTHERY M. Hayden 12. Medical Certification Maryland Maryland Maryland Maryland Maryland 12. Medical Certification Maryland Maryland Maryland Maryland Maryland 12. Mother's Maiden NAME Maryland Maryland 12. Mother's Maiden NAME Maryland Maryland 13. Medical Certification Maryland Maryland 14. MOTHER'S MAIDEN NAME Maryland 15. Medical Certification Maryland Maryland Maryland Maryland 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Maryland Ma | Hours Min |
| Male White (Specify) Single June 23, 1890 65 yrs. 6 26 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Funeral Director Funeral 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY Maryland 13. FATHER'S NAME William Clement Mattingley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no-or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no-or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION Maryland 10. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS Charles J. Mattingly Leonard INTERVALLED INTERVALLED IN INTERVALLED I | DF WHAT |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Funeral Director Funeral 13. FATHER'S NAME William Clement Mattingley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no-or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no-or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY Maryland 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no-or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. MEDICAL CERTIFICATION 10. MINUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY Waryland 12. CITIZEN O COUNTRY 13. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 15. MEDICAL CERTIFICATION 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 10. MARYLINE OF THE COUNTRY 10. CITIZEN O COUNTRY 10. CITIZEN O COUNTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O COUNTRY 13. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 15. METHOD COUNTRY 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION | A BETWEEN? |
| done during most of working life, evan if relired) Funeral Director Funeral Maryland 13. FATHER'S NAME William Clement Mattingley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no-or unk.) (If Yes, give war or dates of sarvice) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MARYLAND 14. MOTHER'S MAIDEN NAME MARY M. Hayden 17. INFORMANT & ADDRESS Charles J. Mattingly Leonard INTERVAL MARYLAND INTERVAL MARYLAND INTERVAL INTERVAL MARYLAND MARYLAND MARYLAND MARYLAND INTERVAL MARYLAND M | L BETWEEN PRODEATH |
| Id. MOTHER'S MANDE William Clement Mattingley Mary M. Hayden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Deceased EVER IN U. S. ARMED FORCES? (If Yes, diversity of deless of service) 216-07-0599 Charles J. Mattingly Leonard INTERVAL INTER | MICOEATH OF BETMEEN |
| William Clement Mattingley 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, other war or dates of service) 216-07-0599 Charles J. Mattingly Leonard 10 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 13. MEDICAL CERTIFICATION 1420. IMMEDIATE CAUSE (A) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Mary M. Hayden 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Mary M. Hayden 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Mary M. Hayden 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Mary M. Hayden 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Mary M. Hayden 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION Mary M. Hayden | MICOEATH OF BETWEEN |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unk.) (If Yes, diverger or deleas of service) 216-07-0599 Charles J. Mattingly Leonard INTERVAL IDISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH AND THE CAUSE (A) (A) (A) (A) | MICOEATH TO BETWEEN |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, plus war or dalas of sarvice) 216. SOCIAL SECURITY NO. 216. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (The Yes of Sarvice) 18. MEDICAL CERTIFICATION INTERVAL (A) (A) (A) (B) (B) (C) (C) (C) (C) (C) (C | MICOEATH OF BETWEEN |
| Yes, na-or unk.) (If Yes, olive yer or deles of service) 216-07-0599 Charles J. Mattingly Leonard Interview I Diseases or conditions directly leading to death 18. MEDICAL CERTIFICATION Marroystra 420. IMMEDIATE CAUSE (A) | MICOEATH OF BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVA IMMEDIATE CAUSE (A) CONDITIONS INTERVA IMMEDIATE (A) | MICOEATH TO BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVA LA CONSTRUCT INTERVA | MICOEATH TO BETWEEN |
| 420. IMMEDIATE CAUSE (A) Coronar Thronbosis. 10 | |
| IMMEDIATE CAUSE (A) | |
| - ANTECEDENT CAUSE(S) DUE TO | mu |
| ANTICODEN CAUSES | |
| DISEASES OR CONDITIONS, IF ANY, (B) | |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | |
| STATING UNDERTRING CAUSE EAST. (C) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION 20. A | AUTOPSY? |
| YES | NO [|
| 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) | (Stata) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., alc.) | (State) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while 1 | |
| M. at work | |
| 22. I hereby certify that I attended the deceased from 1954, to 18, 1954, that I last saw the | ha dagaaga |
| alive on 19.5, and that death occurred at 30 M, from the causes and on the date stated above. | ne decease |
| alive on, iy, and that death occurred at | |
| SIGNATURE ADDRESS (Street, city, lown, stete) DAT | TE SIGNE |
| M 1 13 gd M.D. Leanwille 1/ | 19/5 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) | (Stata) |
| Burial 1/21/56 St Aloysius Leonardtown, | Mai |
| 7 - 7 - 7 - 120 2 - 20 - 120 - | Md. |
| A. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS | |
| DATE /- 23 56 Gland Stans Charles J. Mattingly Leonardt | |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

| Reg. | Dist. | No. 2 | 82 |
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| I. PLACE OF BEATH | | Z. OSOAL RESIDE | NCE (HOME) OF D | ECEASED | |
|--|-----------------------------------|--|-------------------------|-----------------|----------------|
| COUNTY ST. MARYS | MARYLAND | STATE MARYLAND COUNTY ST. MARYS CITY (If outside corporete limits, write RURAL and give nearest town) | | | |
| CITY (It outside corporate limits, write RURAL | LENGTH OF STAY | | | | |
| OR and give nearest town) X LEONARDTOWN | (in this place) | OR TOWN T TONTA | RDTOWN | | V |
| HOSPITAL OR | - AAAAAL | STREET | | ve location) | |
| INSTITUTION OR | | ADDRESS | fit trust di | ve locellon) | / |
| 7 STREET ADDRESS ST. MARYS HO | SPITAL | RURAI | | | |
| 3. NAME OF (First) DECEASED | (Middle) | (Last) | 4. DATE (Mor | nth) (Day) | (Year) |
| (Type or Print) BERNARD | W | NORRIS. SR. | DEATH 1 | - 19 | 156 |
| 5. SEX 6. COLOR OR 7. SIN | IGLE, MARRIED, 8. DATE | OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR | HE UNDER 24 HI |
| RACE WI | DOWED, DIVORCED, | | | Months Days | Hours Min |
| MALE WHITE | | V.22, 1865 | 90 yrs. | | |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if | 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | ign country) | 12. CITIZE | N OF WHAT |
| retired) FARMING | FARM OWNER | MARYLAND | | | USA |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | |
| | | | | | |
| ROBERT NORRI | | 17. INFORMANT & | | | |
| (Yes, no, or unk.) (If Yas, give war or detes of ser | | IV. HATOKMANI & | ADDKE33 | | |
| NO | | BERTMAN N | ORRIS - LEO | NARDTOWN, | MD. |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | | RVAL BETWEEN |
| V | | | | | 0 |
| | | | | | t hours |
| ANTECEDENT CAUSE(S) DUE TO | | | | | man #K |
| DISEASES OR CONDITIONS, IF ANY, (B) VI SUS / MUMBERS & | | | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO O O COLOR COLOR OF THE METERS OF T | | | | | // |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | un zeur |
| TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING DEATH. | | | | | |
| 19a. DATE OF OPERATION 19b. MAJO | R FINDINGS OF OPERATION | | | YES YES | NO NO |
| 21e. 'ACCIDENT WAS UNDERLYING 21b. 1 | PLACE (Homa, farm, factory, | 21c. WHERE DID INJURY OCCL | ID 3 (City on Anyon) | (County) | (Stete) |
| OR CONTRIBUTING CAUSE OF DEATH OF IN | IURY streat, office bldg., etc.) | ZIC. WHERE DID INJOKT OCCU | Kt (City of fown) | (County) | (Stele) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? | | | | | |
| Zio. Time of Indoct (mental today (1861) (| While Not while | ZII. HOW DID HOOK! OCC | 1 1/1 | | |
| | M. et work et work | | 7.2 | | |
| 22. I hereby certify that I attended the deceased from fine 28, 1944, to fair 19, 1956, that I last saw the deceased | | | | | |
| alive on Jan. 18, 19.56, and that death occurred at 3:40 A.M. from the causes and on the date stated above. | | | | | |
| SIGNATURE | | ADD | RESS (Streat, city, tow | | DATE SIGNI |
| Robert T. F. | uchs M.D. | Lunar | often m | d | 1/20/50 |
| 23. BURIAL, CREMATION, DATE THEREO | DF NAME OF CEMETERY C | | LOCATION (City, tow | n, or county) | (Stete) |
| REMOVAL (SPECIFY) | | | | | (5.816) |
| BURIAL 1/23 | | IUS CEMETERY | | TOWN, MD. | |
| 24. REC'D BY REGISTRAR'S | SIGNATURE | 25 FUNERAL DIRECTOR'S | SIGNATURE | ADDRESS | |
| DATE 1-20-56 leave | d/ blause// | 1 421/1/ | LEO | NAPDTOWN | MARYT.AT |

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MARYLAND STATE OF ACTIONS TO BEAUTIFURDING TO TAKE ON APPRAIS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.....

| 1. PLACE OF DEATH | 2. USUAL RESIDENC | E (HOME) OF DECEASED | |
|--|----------------------------------|--------------------------------------|----------------------|
| COUNTY St. Mary's MARYLAND | STATE Maryla | nd COUNTY St.Ma | rv's |
| CITY (If outside corporate limits, write RURAL LENGTH OF STAY | | a limits, write RURAL and give naare | - M |
| OR and give nearest town) TOWN Clements (In this place) 4 month | TOWN Cleme | nts | * |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS | (If rural give location) | 1 |
| 3. NAME OF (First) (Middla) | (Lest) | 4. DATE (Month) | (Day) (Yeer) |
| (Type or Print) ames Edward | Quade | DEATH Jan. | 2. 19 56 |
| 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O | F BIRTH 9. | AGE lest birthdey IF UNDER 1 | |
| Male White Specify Single Augus | st 30,1955 | yrs. Months | Beys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS | 11. BIRTHPLACE (State or foreign | country) 12. | CITIZEN OF WHAT |
| done during most of working life, even if OR INDUSTRY retired) | Maryland | U | S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NA | | 0~0~0 |
| RICHARD EDWARD QUADE | RACHEL ANN | PILKERTON | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADI | | |
| (Yes, no, or unk.) (If Yas, giva wer or detes of service) | Richard E. | Onade Clemen | ts. Md. |
| 18. MEDICAL CER | | - dade of one | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 1 | 1 1 | ONSET AND DEATH |
| IMMEDIATE CAUSE (A) HCule generals | zed Suppere U | ns wherlier | Lacys. |
| ANTECEDENT CAUSE(S) DUE TO | J | | |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | |
| 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? |
| 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, | PIC. WHERE DID INJURY OCCUR? | (City or town) (County | YES NO (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | ile. WHERE DID INDOKT OCCOR! | (City of fown) (County | (31818) |
| 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED | 21f. HOW DID INJURY OCCUR? | A | |
| M. et work et work | | 1 , | |
| 22. I hereby certify that I attended the deceased from 30 | 6 1955 to 1 | Jan. 1956 that 11 | ast saw the deceased |
| alive on 30 Duc., 19 55 and that death occurred at | A SOA M from the cau | es and on the date stated | ahove |
| SIGNATURE! | ADDRE | SS (Streat, city, town, state) | PATE SIGNED |
| Gozerh E. Ill M.O. | LEBAIM | DH KWOTOL | 1256 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR | CREMATORY | LOCATION (City, town, or county) | (Stele) |
| Burial 1/2/56 Sacred Heat | rt | Bushwood, M | arvland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIG | NATURE A | DDRESS |
| DATE 1-4-56 Clare DI foresent and | Jos.C.Mattin | gley Leonardt | own, Md. |

MARYLAND STATE DEPARTMENT OF MEALTH-BALTIMORE. IS RTARD TO STADISTING al can lata mana amakaza la ma 世 12 中 3 位,对位 19500 admann fü Michel F. Cuesa Unions, Man. BUREAU V. S. g-man lestions Bu, mm, bience l'estenidant, acci-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PLACE OF DEATH

CERTIFICATE OF DEATH

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Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED

| COUNTY St Mary's | MARYLAND | statMarylan | d county | St Ma | rvis | |
|--|--|---|--|----------------|-------------------------------------|----------|
| CITY (If outside corporate limits, write RURAL OR end give nearest fown) TOWN Leonardtown | LENGTH OF STAY (in this plece) 11 days | CITY (If outside corpore OR TOWN | ardtown | nd give neeres | town) | X |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospi | | STREET ADDRESS | (Il rurel giv | e location) | | 1 |
| 3. NAME OF (First) DECEASED | (Middle) | (Lost) Reck | 4. DATE (Mon | | Dey) (Y | (eer) |
| 5. SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED, D (Special Color of Special Color of Color of Special Color of Special Color of Color of Color of Special Color of C | IVORCED. | | 76 yrs. | IF UNDER 1 | YEAR IF UNDE | ER 24 HR |
| done during most of working life, even if retired) School Teacher Pub. | IND OF BUSINESS IR INDUSTRY LIC School | 11. BIRTHPLACE (State or foreign Maryland | n country) | | CITIZEN OF W | HAT |
| Thomas F. Foxwell | | Rachel San | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, sine wer of deles of service) | 16. SOCIAL SECURITY NO. None | Stephen F | | eonar | dtown, | Md. |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 18. MEDICAL CER Heart Fathere | RTIFICATION | | | INTERVAL BE ONSET AND 1-2 240 | DEATH |
| ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | Uremia . | 4 | | | 3-4.11 | |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | uralized Corrin | smatos: 's (Ca | of uterus) | | 2-3 m | mili |
| 19e. DATE OF OPERATION 19b. MAJOR FINDING | of operation in obstruction | due to Constru | na uteri | | 20. AUTO | PSY? |
| 216. ACCIDENT WAS UNDERLYING 216. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) | me, ferm, fectory, , office bldg., etc.) | 21c. WHERE DID INJURY OCCUR | ? (City or town) | (County) | (Sta | ite) |
| W | e. INJURY OCCURRED hile Not while work et work | 21f. HOW DID INJURY OCCUR | ? | | | |
| 22. I hereby certify that I attended the decealive on flue 16, 1956, an signature Policy & Fuchs | eased from July 7 d that death occurred at | 1.25 P.M. from the ca | euses and on the c ESS (Street, city, tow | date stated | st saw the d above. DATE S | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 1/18/56 | NAME OF CEMETERY OR ST PAUL! | | Leonardt | | Md. | (State) |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR | E | Jos. C. Mat | ignature tingley I | | dtown. | Md. |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

| | | No. 2 | 0 | 2 |
|------|-------|-------|---|---|
| Reg. | Dist. | No. | 0 | |

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DECEAS | ED |
|--|---|---------------------------------|------------------------------------|--|
| COUNTY St Mary's | MARYLAND | STATE Maryla | nd county St. | Marrie |
| CITY (If outside corporate limits, write RURAL | LENGTH OF STAY | CITY (if outside corpor | ate fimits, write RURAL and give n | |
| OR and give neerest town) | (in this place) | OR TOWN | | |
| Mechanicsville | Life | Med | hanicsville | 3. |
| HOSPITAL OR INSTITUTION OR | | STREET ADDRESS | (If rurel give location | 1) |
| STREET ADDRESS | | ADDRESS | | - 1 |
| 3. NAME OF (First) | (Middle) | (Last) | 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Elsie | Jana Ch | a sada a sa | OF DEATH T | 07 |
| | | orter of BIRTH | AGE last birthday IF UND | 21 19 56 ER 1 YEAR IIF UNDER 24 1 |
| RACE WIDO | OWED, DIVORCED, | | Months | |
| | Widowed Oct. | 12,1872 | 83 yrs. 3 | 9 |
| 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreig | in country) | 12. CITIZEN OF WHAT |
| retired)Housewife | Home | Maryland | COLUMN TO THE REAL PROPERTY. | U.S.A. |
| 13. FATHER'S NAME | 110116 | 14. MOTHER'S MAIDEN N | | U.D.A. |
| Schley Brown | | | | |
| | | Henitte Rec | | Reed |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yas, no, or unk.) (If Yes, give war or dates of servi- | | 17. INFORMANT & A | DDRESS | |
| No None | None | MrsAdZele | Holly Machan | iocwille M |
| 18. MEDICAL CERTIFICATION INTERVAL BETWEEN | | | | |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | | |
| 1422 IMMEDIATE CAUSE (A) artern sters fic cardy Varcular de ROYS | | | | |
| | | | | |
| DISEASES OR CONDITIONS, IF ANY, (B) | | | | |
| GIVING RISE TO THE ABOVE CAUSE | | | | |
| STATING UNDERLYING CAUSE LAST. DUE TO | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| | FINDINGS OF OPERATION | | | 20. AUTOPSY? |
|) | THOMAS OF OTERATION | | | YES NO N |
| 21a. ACCIDENT WAS UNDERLYING 21b. PLA | ACE (Homa, farm, factory, | 21c. WHERE DID INJURY OCCUR | ? (City or town) | ounty) (State) |
| OR CONTRIBUTING CAUSE OF DEATH OF INJUST | RY straet, office bldg., etc.) | | (2.1) | (Sidile) |
| (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Monih) (Day) (Year) (Hour) 21a, INJURY OCCURRED 21f, HOW DID INJURY OCCUR? | | | | |
| While Not while | | | | |
| M, at work At work | | | | |
| 22. I hereby certify that I attended the deceased from 1956, to 1956, that I last saw the decease | | | | |
| | , and that death occurred | | | |
| SIGNATURE () | D. Stalled | ADDE | ESS (Straat, city, fown, steta) | DATE SIGN |
| Wron 7 | my my | Mecha | ulesville! | 123 |
| 23. BURIAL, CREMATION, DATE THEREOF | M. D. | P. CDEMATORY | LOCATION (City Assets | The state of the s |
| REMOVAL (SPECIEY) | | | LOCATION (City, town, or coul | nty) (State |
| Burial 1/26/ | 56 Ebenneza | | New Market. | Maryland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SI | | 25. FUNERAL DIRECTOR'S | | ADDRESS |
| 1-71/25/28/10 | 111X/2 12 12 12 12 12 12 12 12 12 12 12 12 12 | (hamilan Ti | 5-442 T- 1 | |
| DATE / - 24-56 (leaves | XV Hauser. | Charles J. | Mattingle Lec | nardtown |

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CERTIFICATE OF DEATH

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Charles d. Marting warmer town, it.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED ST. MARYS STATE MARYLAND COUNTY ST. MARYS COUNTY MARYLAND (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL end give nearest town) OR end give naarast town) (in this piece) TOWN TOWNMECHANICSVILLE MECHANICSVILLE HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS RURAL RURAL 3. NAME OF (Middla) (First) (Lest) 4. DATE (Month) (Day) (Year) DECEASED OF (Type or Print) DEATH MARY LOUISE SMITH 19 56 JAN. 5. SEX COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthdey IF UNDER 1 YEAR LIF UNDER 24 HRS RACE WIDOWED, DIVORCED Months Hours (Spacify) COLORED MARCH 30, 1913 FEMALE SINCLE 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (Stata or foreign country) CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? HOUSE MATD DOMESTIC MARYT AND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STEPHEN SMITH MARY L. BRISCOE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give wer or dates of service) MARY E. SMITH - MECHANICSVILLE. MD. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 7 YES NO 218. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work

hand 31 1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on and that death occurred at ...M, from the causes and on the date stated above. DDRESS (Street cit, town state)

BURIAL, CREMA-PION, REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

BURTAT 24. REC'D BY REGISTRAR

JOSEPH CEMETERY

FUNERAL DIRECTOR'S SIGNATURE

MORGANZA, MARYLAND

CERTIFICATE OF DEATH

Company of the Party of the Par

23/0-17/25 12/3/18/4

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INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01005

| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (HOME) OF DECEASE | 0 |
|---|---------------------------------------|----------------------------------|--------------------------------------|-----------------------|
| COUNTY St. Mary's | MARYLAND | STATE Maryla | nd county St. | Mary's |
| CITY (If outside corporete limits, write RURAL OR end give nearest town) | LENGTH OF STAY (in this place) | CITY (If outside corpor | ate limits, write RURAL and give nee | rest town) |
| TOWN Leonardtown | 7 day's | TOWN Piney | Point | X |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospi | tal | STREET ADDRESS | (If rurel give location) | 1 |
| B. NAME OF (First) (DECEASED | (Middle) | (Lest) | 4. DATE (Month) | (Dey) (Yeer) |
| (Type or Print) Lynwood | Edward Ste | erling | DEATH Jan. | 21. 1956 |
| S. SEX 6. COLOR OR 7. SINGLE, MARRII RACE WIDOWED, DIV | ED, 8. DATE (| OF BIRTH S | . AGE lest birthday IF UNDER | 1 YEAR IF UNDER 24 HR |
| ale White Specify Mar | ried Aug. | 28.1908 | 47 yrs. Months | Deys Hours Min. |
| IDE. USUAL OCCUPATION (Give kind of work 10b. KIN | ID OF BUSINESS INDUSTRY | 11. BIRTHPLACE (Stete or foreign | | COUNTRY? |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | |
| Lynwood J.Sterling | | Ruth E. Cama | lier | |
| | . SOCIAL SECURITY NO. | 17. INFORMANT & A | | |
| Yes, no, No. (If Yes, give wer or deles of service) 57 | 77 - 26 - 99 | 965 Genevieve | F.Sterling P | inev Point |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | 18. MEDICAL CEI | RTIFICATION | | INTERVAL BETWEEN |
| 52.0 IMMEDIATE CAUSE (A) | Augent | · Leary Li | -Cara | 1 200 t |
| ANTECEDENT CAUSE(S) DUE TO | | | | 7,0000 |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO | Thyro ! | opions | | 5 year |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | |
| 96. DATE OF OPERATION 196. MAJOR FINDINGS | OF OPERATION | | | 20. AUTOPSY? |
| 10. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home OF INJURY street, of EITHER, NOTIFY MEDICAL EXAMINER) | o, ferm, fectory, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR | ? (City or town) (Coun | YES NO (State) |
| | | 21f. HOW DID INJURY OCCUR | 7 | |
| | | 100 5 - 10 12 | 91 106 4 4 11 | 1 |
| 2. I hereby certify that I attended the decea | | | buses and on the date state | |
| SIGNATURE WILD BEY | M.D. | | ESS (Street, city, town, stete) | DATE SIGNED |
| | NAME OF CEMETERY OR | CREMATORY | LOCATION (City, lown, or county | (State) |
| 3. BURIAL, CREMATION, DATE THEREOF | | | | |
| 3. BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAL 1/25/56 4. REC'D BY REGISTRAR I REGISTRAR'S SIGNATURE | St Aloysi | us | Leonardtown, | Maryland |

MARY LAND STATE DRY ACTIVISMENT OF BLALLISH-SATIMONE, TB

the CERTIFICATE OF DEATH

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resident S. dans

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1027 CERTIFICATE OF DEATH 01006

| | Reg. Dis | k. No., |
|--|---|-----------------------|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASE | D |
| COUNTY St Mary's MARYLAN | ND STATE Maryland COUNTY St Ma | angris |
| CITY (If outside corporate limits, write RURAL LENGTH OF S | STAY CITY (It outside corporate limits, write RURAL end give ne | |
| Nown Rural Mechanicsville (In this plechanics ville 4 de | | lle × |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET (If rural give location) ADDRESS | 1 |
| 3. NAME OF (First) (Middle) | (Last) 4. DATE (Month) | (Day) (Year) |
| (Type or Print) Joseph | Yorkshire DEATH Jan. | 4. 1956 |
| 5. SEX 1.6 COLOR OR 1.7 SINGLE MARRIED 1.1 | 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER | |
| RACE WIDOWED, DIVORCED, | Months | Deys Hours Min. |
| 3-3-3- | Dec.31,1955 yrs. | A I |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | COUNTRY? |
| retired) | Maryland | J.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| James T. Yorkshire | Mary A. Medley | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI | ITY NO. 17. INFORMANT & ADDRESS | |
| (Yas, no, or unk.) (If Yas, give wer or dates of service) | James T. Yorkshire Mech | aniceville |
| 18. MEDIC | | INTERVAL BETWEEN |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | +1 Out + interes | ONSET AMICDEATH |
| IMMEDIATE CAUSE (A) | and sure from the contract | a anys. |
| ANTECEDENT CAUSE(S) DUE TO | | 4 |
| DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO | Marie and | |
| STATING UNDERLYING CAUSE LAST. DUE TO | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | <u> </u> | |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | | YES NO |
| 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (Cou | nty) (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURR | | |
| M. et work at wor | | |
| 22. I hereby certify that I attended the deceased from | 34 Dec. 1055 to 3 am 1056 that 1 | last saw the deceased |
| | ccurred at 8:154 M, from the causes and on the date state | |
| alive on, 193, and hat death oc | ADDRESS (Street, city, fown, stete) | A DATE SIGNED |
| (mul 8. 200) | Marianilla | MR JUST |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEA | M.D. LOCATION (City, town, or count | (Si (a) |
| REMOVAL (SPECIFY) | | ryland |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 1 2S. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS |
| DATE 1-4-56 Que A Slavery | | town, Md. |

Laura

CERTIFICATE OF DEATH a Disventina to all dana Tanes T. comishing control of the transfer of the control of the c 6 1000 ALL THE STATE OF NAL

a Terranolizada